

SENATE BILL 855

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CF HB 929

By: **The President (By Request - Administration) and Senators Astle, Conway, Forehand, Frosh, Harrington, Kelley, King, Kramer, Lenett, Madaleno, Middleton, Muse, Peters, Pinsky, Raskin, ~~and Rosapepe~~ Rosapepe, Della, Exum, Garagiola, Glassman, Klausmeier, and Pugh**

Introduced and read first time: February 12, 2010

Assigned to: Rules

Re-referred to: Finance, February 19, 2010

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 25, 2010

CHAPTER _____

1 AN ACT concerning

2 **Patient Centered Medical Home Program**

3 FOR the purpose of requiring the Maryland Health Care Commission to establish a
4 Maryland Patient Centered Medical Home Program under certain
5 circumstances; authorizing certain health insurance carriers to elect to
6 participate in the Program; requiring certain health insurance carriers to
7 participate in the Program; authorizing the Department of Health and Mental
8 Hygiene to require certain managed care organizations and certain enrollees to
9 participate in the Program under certain circumstances; requiring the
10 Department to ensure that participation in the Program of managed care
11 organizations and certain enrollees will support certain standards; authorizing
12 the Commission to authorize a health insurance carrier to implement a certain
13 single carrier patient centered medical home program; providing for the
14 construction of certain provisions of this Act; requiring the Commission, in
15 consultation with the Department, carriers, managed care organizations, and
16 primary care practices, to adopt certain standards and practices for the
17 Program; requiring the Commission to adopt certain payment methods for the
18 Program; requiring the Commission to adopt certain health care quality and
19 performance measures to be reported to the Commission and to certain carriers
20 and managed care organizations; requiring the Commission to consider certain
21 information when developing certain standards; requiring ~~the Commission to~~

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 ~~consult with certain carriers and primary care practices in developing certain~~
 2 ~~payment methods~~ certain standards to define a certain payment method and a
 3 certain methodology; establishing certain enrollment procedures for the
 4 Program; requiring the Commission to conduct certain educational activities
 5 and ensure that a participating patient centered medical home provides certain
 6 care for a certain purpose; authorizing the Commission to adopt certain
 7 regulations; authorizing certain health insurance carriers to pay a patient
 8 centered medical home for certain services, pay certain bonuses and fees, and
 9 share certain medical information about certain individuals; requiring certain
 10 insurers, nonprofit health service plans, and health maintenance organizations,
 11 ~~and managed care~~ organizations to comply with certain provisions of this Act
 12 pertaining to the Program; making certain provisions of this Act applicable to
 13 health maintenance organizations; defining certain terms; requiring the
 14 Commission to retain a consultant or consulting firm to conduct a certain
 15 independent evaluation; requiring the Commission to consider certain
 16 information in the evaluation; requiring the Commission to report its findings to
 17 certain committees; requiring the Commission to consult with the Maryland
 18 Community Health Resources Commission for a certain purpose; authorizing
 19 the Maryland Community Health Resources Commission to provide certain
 20 assistance and leverage certain assets for a certain purpose; providing for the
 21 termination of this Act; and generally relating to ~~the Maryland Patient~~
 22 ~~Centered Medical Home Program~~ patient centered medical home programs.

23 BY adding to

24 Article – Insurance

25 Section 15–1801 and 15–1802 to be under the new subtitle “Subtitle 18.
 26 Exemption for a Patient Centered Medical Home Program”

27 Annotated Code of Maryland

28 (2006 Replacement Volume and 2009 Supplement)

29 BY adding to

30 Article – Health – General

31 Section 19–1A–01 through ~~19–1A–04~~ 19–1A–05 to be under the new subtitle
 32 “Subtitle 1A. Patient Centered Medical Home Program”; and 19–706(cccc)

33 Annotated Code of Maryland

34 (2009 Replacement Volume)

35 Preamble

36 WHEREAS, Health care costs continue to increase, making it more difficult for
 37 individuals, families, and businesses to afford a health benefit plan; and

38 WHEREAS, The increase in health care costs is, in part, attributable to
 39 inadequate coordination of care among providers, difficulties accessing primary care,
 40 and a lack of engagement between patients and their primary care providers; and

1 WHEREAS, Patient centered medical homes enhance care coordination and
2 promote high quality, cost-effective care by engaging patients and their primary care
3 providers; and

4 WHEREAS, The standards qualifying a primary care practice as a patient
5 centered medical home, the quality measures that primary care practices must gather
6 and report to demonstrate quality care, and the payment methodologies used to
7 reimburse patient centered medical homes are inconsistent across carriers, and that
8 inconsistency presents a major barrier to developing effective patient centered medical
9 homes; and

10 WHEREAS, Patient centered medical homes are more likely to succeed if all
11 carriers in Maryland use a single definition, a common set of quality measures, and a
12 uniform payment methodology; and

13 WHEREAS, As a result of the complexity of establishing patient centered
14 medical home programs, the State seeks to develop best practices in how to structure
15 such a program through the experience to be gained in a State-sponsored patient
16 centered medical home program and through programs that may be developed by
17 private carriers and Medicaid managed care organizations; and

18 WHEREAS, Inconsistent access to health care services and variable quality of
19 care provided to patients have been shown to result in poorer health outcomes and
20 health care disparities; and

21 WHEREAS, It is desirable to have an ongoing process by which the
22 effectiveness of patient centered medical homes can be evaluated; and

23 WHEREAS, Establishing and promoting patient centered medical homes in
24 Maryland through both a State-sponsored program and similar programs
25 implemented by private carriers and Medicaid managed care organizations will
26 achieve higher quality health care for Maryland citizens ~~and will~~, help slow the
27 continuing escalation of health care costs, and improve health outcomes for Maryland
28 citizens; now, therefore,

29 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
30 MARYLAND, That the Laws of Maryland read as follows:

31 **Article – Insurance**

32 **SUBTITLE 18. EXEMPTION FOR A PATIENT CENTERED MEDICAL HOME**
33 **PROGRAM.**

34 **15-1801.**

35 **(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS**
36 **INDICATED.**

1 (B) "CARRIER" MEANS:

2 (1) AN INSURER THAT HOLDS A CERTIFICATE OF AUTHORITY IN
3 THE STATE AND PROVIDES HEALTH BENEFIT PLANS IN THE STATE;

4 (2) A HEALTH MAINTENANCE ORGANIZATION THAT IS LICENSED
5 TO OPERATE IN THE STATE;

6 ~~(3) A MANAGED CARE ORGANIZATION AUTHORIZED TO RECEIVE
7 MEDICAID PREPAID CAPITATION PAYMENTS UNDER TITLE 15, SUBTITLE 1 OF
8 THE HEALTH - GENERAL ARTICLE; OR~~

9 ~~(4)~~ (3) A NONPROFIT HEALTH SERVICE PLAN THAT IS
10 LICENSED TO OPERATE IN THE STATE.

11 (C) "COMMISSION" MEANS THE MARYLAND HEALTH CARE
12 COMMISSION ESTABLISHED UNDER TITLE 19, SUBTITLE 1 OF THE HEALTH -
13 GENERAL ARTICLE.

14 (D) "COVERED MEDICAL SERVICES" MEANS THE HEALTH CARE
15 SERVICES THAT ARE INCLUDED AS BENEFITS UNDER A HEALTH BENEFIT PLAN
16 ISSUED BY A CARRIER.

17 (E) ~~(1)~~ "HEALTH BENEFIT PLAN" HAS THE MEANING STATED IN §
18 15-1301 OF THIS TITLE.

19 ~~(2) "HEALTH BENEFIT PLAN" INCLUDES COVERAGE PROVIDED
20 TO ENROLLEES OF A MANAGED CARE ORGANIZATION AUTHORIZED UNDER
21 TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE.~~

22 (F) "QUALIFYING INDIVIDUAL" HAS THE MEANING STATED IN §
23 19-1A-01 OF THE HEALTH - GENERAL ARTICLE.

24 (G) "PATIENT CENTERED MEDICAL HOME" HAS THE MEANING STATED
25 IN § 19-1A-01 OF THE HEALTH - GENERAL ARTICLE.

26 (H) "SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM"
27 MEANS A PROGRAM IMPLEMENTED BY A ~~PRIVATE~~ CARRIER TO PROMOTE THE
28 DEVELOPMENT OF A PATIENT CENTERED MEDICAL HOME.

29 15-1802.

30 (A) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE OR
31 THE HEALTH - GENERAL ARTICLE, A CARRIER THAT IS PARTICIPATING IN THE

1 MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM UNDER TITLE 19,
 2 SUBTITLE 1A OF THE HEALTH – GENERAL ARTICLE OR A CARRIER THAT HAS
 3 BEEN AUTHORIZED BY THE COMMISSION TO IMPLEMENT A SINGLE CARRIER
 4 PATIENT CENTERED MEDICAL HOME PROGRAM MAY:

5 (1) PAY A PATIENT CENTERED MEDICAL HOME FOR SERVICES
 6 ASSOCIATED WITH COORDINATION OF COVERED MEDICAL SERVICES TO
 7 QUALIFYING INDIVIDUALS;

8 (2) PAY A PATIENT CENTERED MEDICAL HOME PROVIDER A
 9 BONUS, FEE BASED INCENTIVE, BUNDLED FEES, OR OTHER INCENTIVES
 10 APPROVED BY THE COMMISSION; AND

11 (3) SHARE MEDICAL INFORMATION ABOUT A QUALIFYING
 12 INDIVIDUAL WHO HAS ELECTED TO PARTICIPATE IN THE PATIENT CENTERED
 13 MEDICAL HOME WITH THE QUALIFYING INDIVIDUAL'S PATIENT CENTERED
 14 MEDICAL HOME AND OTHER TREATING PROVIDERS RENDERING HEALTH CARE
 15 SERVICES TO THE QUALIFYING INDIVIDUAL.

16 (B) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION:

17 (1) AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT
 18 PARTICIPATES IN THE MARYLAND PATIENT CENTERED MEDICAL HOME
 19 PROGRAM UNDER TITLE 19, SUBTITLE 1A OF THE HEALTH – GENERAL
 20 ARTICLE OR THAT IS AUTHORIZED BY THE COMMISSION TO IMPLEMENT A
 21 SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM SHALL
 22 COMPLY WITH THIS ARTICLE; AND

23 (2) A HEALTH MAINTENANCE ORGANIZATION ~~OR MANAGED CARE~~
 24 ~~ORGANIZATION~~ THAT PARTICIPATES IN THE MARYLAND PATIENT CENTERED
 25 MEDICAL HOME PROGRAM UNDER TITLE 19, SUBTITLE 1A OF THE HEALTH –
 26 GENERAL ARTICLE OR THAT IS AUTHORIZED BY THE COMMISSION TO
 27 IMPLEMENT A SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM
 28 SHALL COMPLY WITH THIS ARTICLE, WHERE APPLICABLE, AND TITLE 19,
 29 SUBTITLE 7 OF THE HEALTH – GENERAL ARTICLE.

30 Article – Health – General

31 SUBTITLE 1A. PATIENT CENTERED MEDICAL HOME PROGRAM.

32 19-1A-01.

33 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANING
 34 INDICATED.

1 (B) "CARRIER" HAS THE MEANING STATED IN § 15-1801 OF THE
2 INSURANCE ARTICLE.

3 (C) "FEDERALLY QUALIFIED HEALTH CENTER" HAS THE MEANING
4 STATED IN 42 U.S.C. § 254B.

5 (D) "HEALTH ~~BENEFITS~~ BENEFIT PLAN" HAS THE MEANING STATED IN §
6 15-1801 OF THE INSURANCE ARTICLE.

7 (E) "MANAGED CARE ORGANIZATION" HAS THE MEANING STATED IN §
8 15-101 OF THIS ARTICLE.

9 ~~(E)~~ (F) "PATIENT CENTERED MEDICAL HOME" MEANS A PRIMARY
10 CARE PRACTICE ORGANIZED TO PROVIDE A FIRST, COORDINATED, ONGOING,
11 AND COMPREHENSIVE SOURCE OF CARE TO PATIENTS TO:

12 (1) FOSTER A PARTNERSHIP WITH A QUALIFYING INDIVIDUAL;

13 (2) COORDINATE HEALTH CARE SERVICES FOR A QUALIFYING
14 INDIVIDUAL; AND

15 (3) EXCHANGE MEDICAL INFORMATION WITH CARRIERS, OTHER
16 PROVIDERS, AND QUALIFYING INDIVIDUALS.

17 ~~(F)~~ (G) "PRIMARY CARE PRACTICE" MEANS A PRACTICE OR
18 FEDERALLY QUALIFIED HEALTH CENTER ORGANIZED BY OR INCLUDING
19 PEDIATRICIANS, GENERAL INTERNAL MEDICINE PHYSICIANS, FAMILY MEDICINE
20 PHYSICIANS, OR NURSE PRACTITIONERS.

21 ~~(G)~~ (H) (1) "PROMINENT CARRIER" MEANS A CARRIER REPORTING
22 AT LEAST \$90,000,000 IN WRITTEN PREMIUMS FOR HEALTH BENEFIT PLANS IN
23 THE STATE IN THE MOST RECENT MARYLAND HEALTH BENEFIT PLAN REPORT
24 SUBMITTED TO THE INSURANCE COMMISSIONER AS REQUIRED UNDER § 15-605
25 OF THE INSURANCE ARTICLE.

26 (2) "PROMINENT CARRIER" DOES NOT INCLUDE A GROUP MODEL
27 HEALTH MAINTENANCE ORGANIZATION AS DEFINED IN § 19-713.6 OF THIS
28 TITLE.

29 ~~(H)~~ (I) "QUALIFYING INDIVIDUAL" MEANS ~~A~~:

30 (1) A PERSON COVERED UNDER A HEALTH BENEFIT PLAN ISSUED
31 BY A CARRIER; OR

32 (2) A MEMBER OF A MANAGED CARE ORGANIZATION.

1 ~~(H)~~ (J) “SINGLE ~~PAYER~~ CARRIER PATIENT CENTERED MEDICAL
2 HOME PROGRAM” ~~MEANS A PROGRAM IMPLEMENTED BY A SINGLE CARRIER OR~~
3 ~~MEDICAID-MANAGED CARE ORGANIZATION TO PROMOTE THE DEVELOPMENT OF~~
4 ~~A PATIENT-CENTERED MEDICAL HOME~~ HAS THE MEANING STATED IN § 15-1801
5 OF THE INSURANCE ARTICLE.

6 19-1A-02.

7 (A) SUBJECT TO § 19-1A-03(A) OF THIS SUBTITLE, THE COMMISSION
8 SHALL ESTABLISH THE MARYLAND PATIENT CENTERED MEDICAL HOME
9 PROGRAM TO PROMOTE DEVELOPMENT OF PATIENT CENTERED MEDICAL
10 HOMES.

11 (B) (1) A CARRIER MAY ELECT TO PARTICIPATE IN THE MARYLAND
12 PATIENT CENTERED MEDICAL HOME PROGRAM.

13 (2) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (1) OF
14 THIS SUBSECTION, A PROMINENT CARRIER ~~OTHER THAN A MEDICAID-MANAGED~~
15 ~~CARE ORGANIZATION~~ SHALL PARTICIPATE IN THE MARYLAND PATIENT
16 CENTERED MEDICAL HOME PROGRAM.

17 (3) ~~NOTWITHSTANDING THE PROVISIONS OF PARAGRAPHS (1)~~
18 ~~AND (2) OF THIS SUBSECTION,~~ SUBJECT TO THE LIMITATIONS OF THE STATE
19 BUDGET, THE DEPARTMENT MAY:

20 (I) MAY REQUIRE THAT CERTAIN ~~MEDICAID~~ MANAGED
21 CARE ORGANIZATIONS PARTICIPATE IN THE MARYLAND PATIENT CENTERED
22 MEDICAL HOME PROGRAM AS ALLOWED BY LAW ~~AND SUBJECT TO THE~~
23 ~~LIMITATIONS OF THE STATE BUDGET;~~ AND

24 (II) NOTWITHSTANDING ANY OTHER PROVISION OF THIS
25 ARTICLE, MAY MANDATE THE PARTICIPATION IN THE MARYLAND PATIENT
26 CENTERED MEDICAL HOME PROGRAM OF MARYLAND MEDICAL ASSISTANCE
27 PROGRAM ENROLLEES.

28 (4) THE DEPARTMENT SHALL ENSURE THAT PARTICIPATION IN
29 THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM OF MANAGED
30 CARE ORGANIZATIONS AND MARYLAND MEDICAL ASSISTANCE PROGRAM
31 ENROLLEES SHALL SUPPORT THE QUALITY AND EFFICIENCY STANDARDS
32 ESTABLISHED IN THE HEALTHCHOICE PROGRAM.

33 (C) THE COMMISSION MAY ALSO AUTHORIZE A CARRIER TO IMPLEMENT
34 A SINGLE CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM THAT:

1 **(1) PAYS AND SHARES MEDICAL INFORMATION WITH A PATIENT**
2 **CENTERED MEDICAL HOME IN ACCORDANCE WITH § 15-1802 OF THE**
3 **INSURANCE ARTICLE; AND**

4 **(2) CONFORMS WITH THE PRINCIPLES OF THE PATIENT**
5 **CENTERED MEDICAL HOME AS ADOPTED BY A NATIONAL COALITION OF**
6 **PHYSICIANS, CARRIERS, PURCHASERS, AND CONSUMERS.**

7 **(D) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO LIMIT OR**
8 **PROHIBIT A CARRIER FROM PROVIDING A BONUS, FEE BASED INCENTIVES,**
9 **BUNDLED INCENTIVES, OR OTHER INCENTIVE-BASED COMPENSATION:**

10 **(1) AS AUTHORIZED BY THE COMMISSION FOR A PATIENT**
11 **CENTERED MEDICAL HOME; OR**

12 **(2) AS ALLOWED UNDER § 15-113 OF THE INSURANCE ARTICLE.**

13 **19-1A-03.**

14 **(A) NOTWITHSTANDING ANY STATE OR FEDERAL LAW THAT PROHIBITS**
15 **THE COLLABORATION OF CARRIERS OR PROVIDERS ON PAYMENT, THE**
16 **COMMISSION MAY ESTABLISH THE MARYLAND PATIENT CENTERED MEDICAL**
17 **HOME PROGRAM, IF THE COMMISSION CONCLUDES THAT THE PROGRAM:**

18 **(1) IS LIKELY TO RESULT IN THE DELIVERY OF MORE EFFICIENT**
19 **AND EFFECTIVE HEALTH CARE SERVICES; AND**

20 **(2) IS IN THE PUBLIC INTEREST.**

21 **(B) IN ESTABLISHING THE MARYLAND PATIENT CENTERED MEDICAL**
22 **HOME PROGRAM, THE COMMISSION, IN CONSULTATION WITH THE**
23 **DEPARTMENT, CARRIERS, MANAGED CARE ORGANIZATIONS, AND PRIMARY**
24 **CARE PRACTICES, SHALL ADOPT:**

25 **(1) STANDARDS QUALIFYING A PRIMARY CARE PRACTICE AS A**
26 **PARTICIPANT IN THE MARYLAND PATIENT CENTERED MEDICAL HOME**
27 **PROGRAM;**

28 **(2) ~~THE PAYMENT METHOD TO BE~~ GENERAL STANDARDS THAT**
29 **MAY BE USED BY A CARRIER OR A MANAGED CARE ORGANIZATION TO PAY A**
30 **PARTICIPATING PATIENT CENTERED MEDICAL HOME FOR SERVICES**
31 **ASSOCIATED WITH THE COORDINATION OF COVERED HEALTH CARE SERVICES;**

32 **(3) ~~STANDARDS TO BE USED TO DETERMINE~~ GENERAL**
33 **STANDARDS TO GOVERN THE BONUS, FEE BASED INCENTIVE, BUNDLED FEES,**

1 OR OTHER INCENTIVES A CARRIER OR A MANAGED CARE ORGANIZATION MAY
2 PAY TO A PARTICIPATING PATIENT CENTERED MEDICAL HOME BASED ON THE
3 SAVINGS FROM REDUCED HEALTH CARE EXPENDITURES THAT ARE ASSOCIATED
4 WITH IMPROVED HEALTH OUTCOMES AND CARE COORDINATION BY QUALIFYING
5 INDIVIDUALS ATTRIBUTED TO THE PARTICIPATING PATIENT CENTERED
6 MEDICAL HOME;

7 (4) THE METHOD FOR ATTRIBUTING A PATIENT TO A
8 PARTICIPATING PATIENT CENTERED MEDICAL HOME;

9 (5) THE UNIFORM SET OF HEALTH CARE QUALITY AND
10 PERFORMANCE MEASURES THAT THE PARTICIPATING PATIENT CENTERED
11 MEDICAL HOME IS TO REPORT TO THE COMMISSION AND TO CARRIERS OR
12 MANAGED CARE ORGANIZATIONS;

13 (6) THE ENROLLMENT FORM NOTIFYING CARRIERS OR MANAGED
14 CARE ORGANIZATIONS A QUALIFYING INDIVIDUAL HAS VOLUNTARILY AGREED
15 TO PARTICIPATE IN THE MARYLAND PATIENT CENTERED MEDICAL HOME
16 PROGRAM; AND

17 (7) THE PROCESS FOR PRIMARY CARE PRACTICES TO COMMENCE
18 AND TERMINATE PARTICIPATION IN THE MARYLAND PATIENT CENTERED
19 MEDICAL HOME PROGRAM.

20 (C) IN DEVELOPING THE STANDARDS REQUIRED IN SUBSECTION (B)(1)
21 OF THIS SECTION, THE COMMISSION SHALL CONSIDER:

22 (1) THE USE OF HEALTH INFORMATION TECHNOLOGY,
23 INCLUDING ELECTRONIC MEDICAL RECORDS;

24 (2) THE RELATIONSHIP BETWEEN THE PRIMARY CARE PRACTICE,
25 SPECIALISTS, OTHER PROVIDERS, AND HOSPITALS;

26 (3) THE ACCESS STANDARDS FOR QUALIFYING INDIVIDUALS TO
27 RECEIVE PRIMARY MEDICAL CARE IN A TIMELY MANNER; ~~AND~~

28 (4) THE ABILITY OF THE PRIMARY CARE PRACTICE TO FOSTER A
29 PARTNERSHIP WITH QUALIFYING INDIVIDUALS; AND

30 (5) THE USE OF COMPREHENSIVE MEDICATION MANAGEMENT TO
31 IMPROVE CLINICAL OUTCOMES.

32 (D) ~~IN DEVELOPING THE PAYMENT METHOD REQUIRED IN SUBSECTION~~
33 ~~(B)(2) OF THIS SECTION, THE COMMISSION, IN CONSULTATION WITH CARRIERS~~

1 ~~AND PRIMARY CARE PRACTICES, THE GENERAL STANDARDS REQUIRED IN~~
2 SUBSECTION (B)(2) AND (3) OF THIS SECTION SHALL:

3 (1) DEFINE THE PAYMENT METHOD USED BY A CARRIER TO PAY A
4 PARTICIPATING PATIENT CENTERED MEDICAL HOME FOR SERVICES
5 ASSOCIATED WITH THE COORDINATION OF COVERED HEALTH CARE SERVICES;
6 AND

7 (2) DEFINE THE METHODOLOGY FOR DETERMINING ANY BONUS,
8 FEE BASED INCENTIVE, BUNDLED FEES, OR OTHER INCENTIVES TO BE PAID BY A
9 CARRIER TO A PARTICIPATING PATIENT CENTERED MEDICAL HOME BASED ON
10 IMPROVEMENTS IN QUALITY OR EFFICIENCY.

11 (E) (1) TO COMMENCE, RENEW, OR TERMINATE PARTICIPATION IN
12 THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM, A
13 QUALIFYING INDIVIDUAL SHALL COMPLETE FORMS ADOPTED BY THE
14 COMMISSION.

15 (2) THE ENROLLMENT FORM SHALL AUTHORIZE THE CARRIER,
16 THE PARTICIPATING PATIENT CENTERED MEDICAL HOME TREATING THE
17 QUALIFYING INDIVIDUAL, AND OTHER PROVIDERS TREATING THE QUALIFYING
18 INDIVIDUAL TO SHARE MEDICAL INFORMATION ABOUT THE QUALIFYING
19 INDIVIDUAL WITH EACH OTHER.

20 (3) THE AUTHORIZATION UNDER PARAGRAPH (2) OF THIS
21 SUBSECTION SHALL BE VALID FOR A PERIOD NOT TO EXCEED 1 YEAR.

22 (4) THE RENEWAL FORM SHALL EXTEND THE AUTHORIZATION
23 UNDER PARAGRAPH (2) OF THIS SUBSECTION FOR AN ADDITIONAL PERIOD NOT
24 TO EXCEED 1 YEAR.

25 (5) A CARRIER PARTICIPATING IN THE MARYLAND PATIENT
26 CENTERED MEDICAL HOME PROGRAM SHALL ACCEPT FORMS ADOPTED BY THE
27 COMMISSION AS THE SOLE INSTRUMENT FOR NOTIFICATION THAT A
28 QUALIFYING INDIVIDUAL HAS VOLUNTARILY AGREED TO PARTICIPATE OR
29 TERMINATE PARTICIPATION IN THE MARYLAND PATIENT CENTERED MEDICAL
30 HOME PROGRAM.

31 (F) (1) THE COMMISSION SHALL CONDUCT CULTURALLY AND
32 LINGUISTICALLY APPROPRIATE PROVIDER AND PATIENT EDUCATIONAL
33 ACTIVITIES TO INCREASE AWARENESS OF THE POTENTIAL BENEFITS FOR
34 PROVIDERS AND PATIENTS OF PARTICIPATING IN THE MARYLAND PATIENT
35 CENTERED MEDICAL HOME PROGRAM.

1 **(2) THE COMMISSION SHALL ENSURE THAT A PARTICIPATING**
 2 **PATIENT CENTERED MEDICAL HOME PROVIDES, ON AN ONGOING BASIS,**
 3 **CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE FOR THE PURPOSE OF**
 4 **REDUCING HEALTH DISPARITIES.**

5 **19-1A-04.**

6 ~~(F)~~ **THE COMMISSION MAY ADOPT REGULATIONS ~~TO ESTABLISH~~ TO:**

7 **(1) ESTABLISH THE MARYLAND PATIENT CENTERED MEDICAL**
 8 **HOME ~~PROGRAM~~ PROGRAM; AND**

9 **(2) AUTHORIZE A CARRIER TO IMPLEMENT A SINGLE CARRIER**
 10 **PATIENT CENTERED MEDICAL HOME PROGRAM.**

11 ~~**19-1A-04.**~~ **19-1A-05.**

12 **(A) (1) THE COMMISSION SHALL RETAIN A CONSULTANT OR**
 13 **CONSULTING FIRM TO CONDUCT AN INDEPENDENT EVALUATION OF THE**
 14 **EFFECTIVENESS OF THE MARYLAND PATIENT CENTERED MEDICAL HOME**
 15 **PROGRAM IN REDUCING HEALTH CARE COSTS AND IMPROVING HEALTH CARE**
 16 **OUTCOMES.**

17 **~~(2) THE COMMISSION MAY INCLUDE ANY~~ A SINGLE CARRIER**
 18 **PATIENT CENTERED MEDICAL HOME PROGRAM MAY REQUEST TO BE INCLUDED**
 19 **IN THE EVALUATION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION.**

20 **(3) IN CONDUCTING THE EVALUATION, THE COMMISSION SHALL**
 21 **CONSIDER, SUBJECT TO BUDGET LIMITATIONS, IMPROVEMENTS IN HEALTH**
 22 **CARE DELIVERY, ~~THE SATISFACTION OF QUALIFYING INDIVIDUALS AND~~**
 23 **PRIMARY CARE PRACTICES, AND ~~THE IMPACT ON HEALTH CARE EXPENDITURES~~**
 24 **IMPROVED CLINICAL CARE PROCESSES, INCREASED ACCESS TO CARE**
 25 **COORDINATION, ADEQUACY OF ENHANCED PAYMENTS TO COVER EXPANDED**
 26 **SERVICES, INCREASED PATIENT SATISFACTION WITH CARE, INCREASED**
 27 **CLINICIAN AND STAFF WORK SATISFACTION, LOWER TOTAL COSTS OF CARE,**
 28 **AND REDUCTIONS IN HEALTH DISPARITIES RESULTING FROM THE MARYLAND**
 29 **PATIENT CENTERED MEDICAL HOME PROGRAM AND ANY AUTHORIZED SINGLE**
 30 **CARRIER PATIENT CENTERED MEDICAL HOME PROGRAM INCLUDED IN THE**
 31 **STUDY.**

32 **(B) ON OR BEFORE DECEMBER 1, 2014, THE COMMISSION SHALL**
 33 **REPORT ITS FINDINGS, IN ACCORDANCE WITH § 2-1246 OF THE STATE**
 34 **GOVERNMENT ARTICLE, TO THE SENATE FINANCE COMMITTEE AND THE**
 35 **HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE.**

1 19-706.

2 (CCCC) THE PROVISIONS OF TITLE 15, SUBTITLE 18 OF THE
 3 INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

4 SECTION 2. AND BE IT FURTHER ENACTED, That:

5 (a) The Maryland Health Care Commission shall consult with the Maryland
 6 Community Health Resources Commission regarding the inclusion of federally
 7 qualified health centers and other primary care practices in the Maryland Patient
 8 Centered Medical Home Program established by Section 1 of this Act.

9 (b) The Maryland Community Health Resources Commission, in consultation
 10 with the Maryland Health Care Commission, may assist federally qualified health
 11 centers and other primary care practices to become patient centered medical homes as
 12 defined in § 19-1A-01 of the Health – General Article, as enacted by Section 1 of this
 13 Act, and identify ways that Maryland Community Health Resources Commission
 14 resources can leverage additional assets to support the participation of federally
 15 qualified health centers and other primary care practices in a patient centered medical
 16 home program.

17 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take
 18 effect July 1, 2010. It shall remain effective for a period of 5 years and 6 months and,
 19 at the end of December 31, 2015, with no further action required by the General
 20 Assembly, this Act shall be abrogated and of no further force and effect.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.